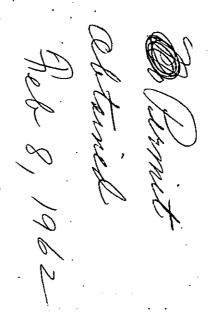
IS		No. 300 10-48	FILED FE	B 1 4 1962	STANI	DARD CERTIF	ALTH OF MISSO TCATE OF DE	ATH		,, 005	6	3
	-		1. PLACE OF DE	ATH//	REG. DIST	. NO. OR W	PRIMARY REG. DIST.		here deceased	istrar's No	titution: To	sidence before
ć	1	0440	a. COUNTY Scotland				a. STATE Missouri b. COUNTY Scotland admission).					
1424	· `	7 6 *	b. CITY (If outside or OR		URAL and give towns		c. CITY (If outside ec OR TOWN hiller		write BURAL	and give town	ship)	
1		ED.	d. FULL NAME OF	llS (If not in bompital or in	stitution, give s	treet address or location)	d. STREET	phis_	rive location)	1770		
	-	RECORD	/- HOSPITAL OR INSTITUTIONS	otland C	o Comm	treet address or location) unity Home	ADDRESS					
1		RE	3. NAME OF DECEASED	a. (First)		b. (Middle)	c. (Last)		4. DATE OF	(Month)	(Day)	(Year)
-		TX	(Type or Print) 5. SEX TP 6.	MARY COLOR OR RACE		ED(Maiden)	BOWMAN 1 8. DATE OF BIRTH	<u> </u>	DEATH	Jan.	31,	1962
1	H	PERMANENT	5. SEX F 6.	W '	/ WIDOWED	, NEVER MARRIED, , DIVORCED (Speedly) 1 eq		.884	9. AGE (In you last birthday	Months	Days H	UNDER M KRS.
S	- f	R.W.	10a. USUAL OCCUPATIO	ON (Give kind of work	10b. KIND C	OF BUSINESS OR IN-	11. BIRTHPLACE (Stat			wa /	12. CITIZI	EN OF WHAT
FOLLOWS		PE	Waitress		Cafe	S	Jefferson				COUNT	USA
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		∢	13a. FATHER'S NAME Madison		136	. mother's maiden Susan Gor			e of husba ck Bow		E	
S		E	15. WAS DECEASED EVE		ORÇES	Dusan Gor	17. INFORMANT				ĀĪ	DREGE
RE /	ľ	MAKE	(Yes. no. or unknown) (II	l yes, give war or dates	of service		-trank	R. A	Reed &	e si	11900	
AR I		1	18. CAUSE OF DEATH Enter only one on use per	I. DISEASE OR CO	ONDITION		ERTIFICATION	1	Stan	nael	INTERVA ONSET	AND DEATH
FCOR	i	INK	line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEADS	NG TO DEATH	(a) <u>(arc</u>	NOWW		7200	vicer	<u> </u>	
E.		CK	*This does not mean	ANTECEDENT CA	-	DUE TO (b)						
윒	-	BIA	the mode of dying, such as heart failure, asthenia, etc. It means the dis-	Morbid conditions rise to the above co the underlying cau	iuse (a) staima	, DOE 10 (0)		, ,	~. v			 -
NO S			ease, injury, or complica-			DUE TO (c)		<u>/-S</u>	7 X		. <u> </u>	
S.		UNFADING	tion which caused death.	[1] OTHER SIGNIF Conditions contrib related to the disease	uting to the dea	th but not						
DMEN	•	ĪĒΔ	19a. DATE OF OPERA-	19b, MAJOR FINE							20, AUT	OPSY7
QN:		UN		<u> </u>	, .=						YES [NO C
YW		SING	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF	INJURY (e.g., in or about ry, street, office bldg., etc.)	21c. (CITY, TOWN, OF	R TOWNSHIP) ((COUNTY)	(5	TATE)
		Δ_	21d. TIME (Month) OF INJURY	(Day) (Year) (Eour) 21e. WHIL WO	INJURY OCCURRED EAT NOT WHILE RK AT WORK	21f. HOW DID INJUR	Y OCCUR?	• • •			
		AINLY	22. I hereby certify alive on far	that I attended to 1 30, 196	he deceased Z, and that	death occurred at .	8 Am., from		<u>i</u> , 19 <u>62,</u> and on the			e deceased
		TA E	23a. SIGNATURE	9.M.T	Weth	ler D. G.	1 -77/	emp	his ;	Mo	//	TE SIGNED 3/-62
)	, Write	Z4a. BURIAL. CREMA			ontrose Ce	em.	Montr			lowa	(State)
	'		DATE REC'D BY LOCAL	L REGISTRAR'S S	IGNATURE	M	5. FUNERAL DIRE	CTOR'S S	SALTURE	At	DRESS	4 1
			2-6-62	1111kg	- / 	<i>I MATTUR</i> Licensed Embelmer's S	statement on Reverse Si	igen (27/	TUC	-6-7	1101



STATEMENT BY LICENSED EMBALMER

by me

I hereby certify that the body whose name is recorded on the rever	rse side of this certificate was embalmed by me, or by
working under my personal supervision.	M - 11
	aned Old A Julius
Student Embalmer	P. O. Address
Note: The above MUST BE SIGNED BY THE LICENSED E	MBALMER in his OWN HANDWRITING. (Failure to comply w, comp

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.